

# Service Authorization Requests Spanning the October 1<sup>st</sup>, 2015 ICD-10 Implementation Date

On June 20<sup>th</sup>, 2015, Alaska Medical Assistance implemented the ICD-10 system updates to the Alaska Medicaid Management Information System (MMIS). Effective immediately, all service authorization requests with a service date range spanning the October 1<sup>st</sup>, 2015 ICD-10 implementation date must incorporate an ICD-10 diagnosis code. Additionally, all service authorization requests that span the October 1<sup>st</sup>, 2015 ICD-10 effective date will require split service lines.

ICD-9 codes should be used for dates of service up to and including September 30<sup>th</sup>, 2015 and ICD-10 codes should be used for dates of service on or after October 1<sup>st</sup>, 2015. Please remember that claims may not contain both ICD-9 and ICD-10 codes.

## Service Authorization Requests Submitted via Paper or Fax

Service authorization requests submitted by mail or fax containing ICD-9 codes for dates of service on or after October 1<sup>st</sup>, 2015 will be suspended for those specific dates. Requesting providers will receive notification to submit applicable ICD-10 code(s) for the dates of service on or after October 1<sup>st</sup>, 2015.

Below is an example of a home health service authorization request that spans the October 1<sup>st</sup>, 2015 implementation date: September 1<sup>st</sup>, 2015 through October 30<sup>th</sup>, 2015. The dates of service on or prior to September 30<sup>th</sup>, 2015 must be separated from the dates of service on or after October 1<sup>st</sup>, 2015 because they span the ICD-10 implementation date. This is done in field 4a, *Date(s) On or Prior to 9/30/2015* and field 4b, *Date(s) of Service On or After 10/1/2015*.

For Health Care Professional (HCP) Use Only		For Xerox Use Only	
1. HCP Contact Phone Number (907) 123-4567		2. Is Request Retroactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. HCP Alaska Medical Assistance ID xxxxxxx	4a. Date(s) of Service On or Prior to 9/30/2015 9/1/2015 to 9/30/2015	19. HCP: Your request is: <input type="checkbox"/> Approved as requested <input type="checkbox"/> Approved as modified (Items marked as Authorized may be claimed)	
	4b. Date(s) of Service On or After 10/1/2015 10/1/2015 to 10/30/2015	20. _____ Authorization Number	
5. HCP Organization, Name, Address, and Fax Number Great Facility Awesome A. Provider 123 Main Street Somewhere, AK 99999 (907) 987-6543 (f)		21. _____ From Date To Date	
6. Member Name (Last, First, MI) Doe, Jane E.		22. Authorizing Agent	
7. Date of Birth 01/02/1945		23. Date	
8. Alaska Medical Assistance Member ID xxxxxxxxxx		24. Comments / Explanation	
9. Age 70			

This service authorization is for the same home health procedure code, but uses different diagnosis codes depending on the requested dates of service. In this example, both, ICD-9 and ICD-10, fields would need to be completed to accommodate a date range of September 1<sup>st</sup>, 2015 through October 30<sup>th</sup>, 2015.



The first diagnosis code, in field 10a, *Primary Diagnosis Code (On or Prior to 9/30/2015)*, is an ICD-9 code of 682.6, *Cellulitis and abscess of leg except foot*. The second diagnosis code, in field 10b, *Primary Diagnosis Code (On or After 10/1/2015)*, is the corresponding ICD-10 code of L03.115, *Cellulitis of right lower limb*.

10a. Primary Diagnosis Code (On or Prior to 9/30/2015)		11. Sex
ICD-9	682.6	Female
10b. Primary Diagnosis Code (On or After 10/1/2015)		
ICD-10	L03.115	
12. Diagnosis and Medical Justification		
Cellulitis of right lower limb.		

Additionally, service lines need to be separated by their corresponding timeframe. In this example, the procedure code G0154, *Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting, each 15 minutes*, will remain the same after the implementation. However, because ICD-9 and ICD-10 diagnosis codes may not be submitted on a single claim, any corresponding procedures must also be separated on the service authorization request. Ensure that the requested unit/quantity is accurate for the timeframe requested.

13. Procedure/ Drug Code	14. MOD	15. Specific Services Requested	16. Requested Unit/ Qty	17. Charges	25. Authorized		26. Approved Unit/Qty	27. Approved Amount
					Yes	No		
<i>For services/items to be provided on or prior to 9/30/2015 only</i>								
G0154		HHCP - SVS of RN, EA 15 Min	8.00					
<i>For services/items to be provided on or after 10/1/2015 only</i>								
G0154		HHCP - SVS of RN, EA 15 Min	9.00					
18. To the best of my knowledge, the above information is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.								
Authorized Signature			Title		Date			
<p><i>Note:</i> Authorization does not guarantee payment. Payment is subject to member's eligibility. Be sure the identification card is current before rendering services.</p> <p>Forward this form to: Xerox Service Authorization, PO Box 240808, Anchorage, AK 99524-0808</p> <p style="text-align: right;">Rev. 05/14/15</p>								

## Service Authorizations Submitted Prior to the Alaska MMIS ICD-10 Updates

Any service authorization requests that were submitted prior to the ICD-10 updates in the Alaska MMIS that span the October 1<sup>st</sup>, 2015 implementation date will be handled through a one-time conversion process. This process consists of converting all existing approved service authorizations from ICD-9 to ICD-10 codes for all dates of service on or after October 1<sup>st</sup>, 2015. All providers affected by the one-time conversion process will be notified.

If the requesting provider has already provided a corresponding ICD-10 diagnosis code on the applicable signed service authorization request form, no further action is required. The provided ICD-10 diagnosis code will be manually entered into the MMIS.

If the requesting provider has not provided an ICD-10 diagnosis code for services or items requested on or after October 1<sup>st</sup>, 2015, the provider will be required to provide an appropriate corresponding ICD-10 code to fully process the service authorization request.

Future communications will be provided on the specific ICD-10 conversion procedures for all service authorizations affected. If you have any questions, contact Provider Inquiry at 907.644.6800, option 1, 1, or 800.770.5650, option 1, 1, 1 (toll-free in Alaska).